

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

March 14, 2023

9:00-10:00 am

Subcommittee members present: Jeanne Savage, Sarah Present, Kat Mastrangelo, Cristy Muñoz

Subcommittee members absent: Ryan Petteway, Jocelyn Warren

OHA staff: Sara Beaudrault, Kusuma Madamala, Elliot Moon, Carol Trenga , Amanda Spencer, Victoria Demchak, Cara Biddlecom, Rex Larsen, Vivian Larson, Kelly McDonald, Ann Thomas, Tim Menza, Zintars Beldavs, June Bancroft

Guest presenters: Kathleen Rees, Brian Leon

Welcome and introductions

Sara B

- Sara reviewed agenda and plan for discussing communicable disease priority areas and indicators
- Introductions
- Minutes from the 3/3 meeting will be reviewed at the April meeting

Group agreements and a person-centered approach to public health metrics

Sara B

- After the last meeting, concerns were raised about the discussion on the metric for summer heat-related deaths, and the potential for similar conversations to harm community members represented in those deaths. Sara acknowledged her role as facilitator during that conversation. She let the group know that Victoria Demchak and Cara Biddlecom are present today to support the conversation and individual members.
 - Sara B said one way to address this might be to revisit the group agreements and asked what other ways subcommittee members may wish to proceed.
 - Jeanne said that she appreciates having group agreements and it may also be helpful for people to have an open and private line to someone during the meeting to pause the conversation.
 - Sarah P said she has been thinking about how to approach data conversations from a perspective of data ethics. She talked about small numbers reporting and how to report on small numbers so that people are not identifiable but attention is still brought to the issue.
 - Cara made connections to PHAB's Strategic Data Plan subcommittee regarding values and responsibilities when working with public health data. This may include providing context,
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being person-centered and providing actionable data. Cara suggested connecting these conversations in the future.

- Kat said she thinks the group agreements are good and the group could recommit to using them. Kat appreciated the person who shared feedback.
- Cristy asked whether the subcommittee can only make recommendations if a specific number of deaths occur.
- Sara B said there are no such restrictions. Sara felt the discussion got conflated with a conversation about accountability and whether an individual organization should be accountable for metrics related to preventable deaths that may fluctuate based on external factors.
- Kathleen proposed that data could be presented in regions so denominators are larger and people may not be as easily identifiable.
- Sara B noted that the issue around small numbers is that people, families and communities may be able to be identified. It is not that the small numbers are not significant or important. Public health needs to be clear about this when speaking about small numbers and data suppression.
- Sara B summarized some of the recommendations made to ensure person-centered discussions moving forward, which include having a person at every meeting to pay attention to group agreements and be a direct contact for people who would like support during meetings, continue to use group agreements, continue to talk about data ethics and make connections with Strategic Data Plan subcommittee.
- Victoria shared that it may be useful to have further discussion about identifying the right unit that allows us to share data. It is not the same for all questions we're trying to answer.
- June talked about existing standards for sharing data with small numbers, data sharing agreements, and the opportunity to use stories when numbers can't be used.
- Sarah P talked about ensuring that people are not identifiable. She said one way that public health sometimes addresses this is by using "<10" or other categories. With this method, overall trends can still be seen.
- Rex noted that with smaller numbers there are issues with generating rates that are accurate. The OHA immunization program does not publicly report data with less than 50 in the numerator.
- Sarah P noted that public health needs to make improvements to how we communicate about data, and this was seen clearly throughout the COVID-19 pandemic.
- Jeanne said that these same conversations are also happening within CCO metrics committee. All of these discussions are under the umbrella of OHA. We need an overall understanding that we are trying to get to the same place and be working in alignment for data collection and reporting that is grounded in the OHA health equity definition.
- Cristy suggested that a metric for community engagement could be reporting and communicating data in a trauma informed and community-centered way. This could include training for public health leads to have this lens when connecting with community.

Communicable disease priorities and indicators

Tim Menza

- Tim reviewed slides on sexually transmitted infections.

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- Early syphilis diagnoses are higher than ever and are rapidly increasing.
 - Among 50% of people assigned female at birth with syphilis in Oregon do not have an identifiable risk factor. Oregon recommends universal screening for people during pregnancy.
 - Tim discussed congenital syphilis. There were no congenital syphilis cases in 2013 and 37 cases in 2022. The goal needs to be zero.
 - Syphilis disproportionately affects people of color. Housing instability, criminal justice involvement and history of drug use are very common for people with syphilis during pregnancy. Tim discussed the systemic issues that factor into these risk factors.
- Sara said that OHA is recommending a bundle of indicators that provide a comprehensive view of the impacts of syphilis: rate of congenital syphilis, rate of any stage syphilis among people who can become pregnant, and rate of primary and secondary syphilis.
 - Jeanne echoed the urgency around addressing syphilis.
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Subcommittee business

Sara B

- Sara would like the subcommittee to hold an additional meeting in April. Please watch for an email to schedule it.
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Meeting was adjourned
